What Factors Impact the Mental Health of Transgender People?

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Declaration

This work is original and has not been submitted in relation to any other degree or qualification.

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University of Chester

Department of Psychology

Research Module Meeting Log 2016/2017

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Date	**Discussion topics**
18 Jan 17	- Introduction to the study. - Plans for writeup and planning the study. - Discussion of method and possible plans for data collection.
25 Jan 17	- Rewriting some questions to make them more user friendly. - Development of study and agreement on form and design of questions.

SIGNED

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University of Chester

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Research Module Meeting Log 2016/2017

NAME: **Tim Cartwright**

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Date	**Discussion topics**
10 Mar 17	- Introduction to the study. - Reviewing areas of ethics form that need amending and adjusting.
24 Mar 17	- Discussion of BOS questionnaire and how to set it up. - Confirmation from supervisor to open survey online.
5 Apr 17	- Review and discussion of some data. - How to arrange data into tables and charts. - Demonstration of how data is coded.
3 May 17	- Discussion of literature review and how it is best approached during writeup. - Discussion of layout and critical analysis.

31 May 17	- Discussion of literature review and the implementation of the suggestions from the previous meeting.
14 Jun 17	- Discussion of method and what to include. - Discussion of trustworthiness of data.
18 Jul 17	- Full review and discussion of results and analysis. - Discussion of coding framework. - Editing of current coding framework into second and first order themes.
7 Sep 17	- Review of entire dissertation. - Tightening up wording and other formatting errors. - Discussion of all recommendations by supervisor.

SIGNED

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Abstract

Gender dysphoria is a major cause of distress for transgender people, however the very nature of being transgender brings numerous other factors that cause stress and anxiety which can impact mental health. To identify and further understand these factors, 167 participants took part in an online survey which sought to understand their experiences and feelings surrounding various aspects of their transgenderism. Qualitative analysis of the responses revealed 37 lower order themes or factors that appear to impact the mental health of transgender people. These can be placed into 6 key dimensions; their feelings towards the initial development of their gender dysphoria; the extent in which they are accepted and understood by family, friends, and society; how successful they are at aligning their appearance with their gender identity; the quality of professional services received, including the effects of hormone treatment and surgery; the quality of their personal and sexual relationships before and after transition; their current feelings towards being transgender. Recommendations from the data include the necessity of social support from family and friends, as well as more societal education. Furthermore, more professional support is advocated as well as improvements in clinical and professional settings to speed up treatments for transgender people. Finally, transgender people may benefit from an intervention programme which considers these 6 key areas and seeks to ameliorate any negative psychological effects that are directly caused by the abovementioned factors.

Literature Review

Introduction

One of the most important factors that can lead to a transperson's decision to transition is the existence of gender dysphoria, defined by the American Psychiatric Association (APA, 2013) and the World Professional Association for Transgender Health (WPATH, 2012) as the distress caused by the incongruence between a person's gender identity and their biological sex. Gender dysphoria can cause severe distress which can impact the mental health of the transperson and therefore their everyday functioning, relationships, and the ability to cope with adversities (APA, 2017). Besides this, it is important to consider the numerous other factors that can impact mental health before, during, and after transition (Asscheman, Giltay, Megens, van Trotsenburg, & Gooren, 2011; Carroll, 1999). These can include the extent of support, the ability to successfully adapt appearance, and the quality of treatments.

A key method of understanding mental health amongst transpeople is to consider suicide attempt rates and their causes. According to the DSM-V (APA, 2013), transpeople are at a much higher risk of considering and attempting suicide, specifically due to the added distress of gender dysphoria and the abovementioned factors. When compared to general population samples, studies have found that transpeople are at a much higher risk of attempting suicide (Asscheman et al., 2011; Dhejne et al., 2011; Marshall, Claes, Bouman, Witcomb, & Arcelus, 2015; Murad et al., 2010). Some studies have found that 23%-41.4% of participants had attempted suicide, often due to a lack of social support (Haas, Rodgers, & Herman, 2014; Lobato et al., 2006; Mathy, 2002). Whilst sobering percentages, the studies of Mathy (2002) and

Lobato et al. (2006) included small sample sizes, although these were later corroborated in the study of Haas et al. (2014) which included a very large sample size (*n* = 5885), a clear strength of the study. However, Haas et al. (2014) failed to ascertain the reassignment status of participants leaving no way of comparing preoperative and postoperative suicide attempts, a comparison which may have been highly significant, particularly as Murad et al. (2010) found in their meta-analysis of 28 papers that 78% of postoperative participants (*n* = 1833) reported a significant improvement in their mental health following surgery. There is also the possibility of selection bias within these studies as transpeople may or may not wish to take part dependent on the quality of their mental health. It could be argued that transpeople who are mentally healthy may feel no need to participate, whereas those who are struggling do, making the data biased and difficult to interpret. It is also very difficult to obtain data on completed suicides and the reasons for these, particularly as such data is often third party and is very much reliant on self-reported methods (Abramowitz, 1986; Bauer, Scheim, Pyne, Travers, & Hammond, 2015).

Another area worthy of consideration is postoperative regret and how this relates to mental health. Numerous studies have found regret ranging from 0%-6.1% (De Cuypere et al., 2006; Dhejne, Öberg, Arver, & Landén, 2014; Khoosal, Grover, & Terry, 2011; Krege, Bex, Lümmen, & Rübben, 2001; Landén, Wålinder, Hambert, & Lundström, 1998; Lawrence, 2003; 2006; Ruppin & Pfäfflin, 2015; Smith, Goozen, & Cohen-Kettenis, 2001; Vujovic, Popovic, Sbutega-Milosevic, Djordjevic, & Gooren, 2009; Weyers et al., 2009), whilst others have focused on single cases in which participants regretted transition, often due to undesirable surgical outcomes and complications, and who in some cases requested reversal surgery (Kuiper & Cohen-

Kettenis, 1998; Lawrence, 2003; Marks, Green, & Mataix-Cols, 2000; Olsson & Moller, 2006; Pfäfflin, 1993; Smith, van Goozen, Kuiper, & Cohen-Kettenis, 2005). Once again several of these studies suffer with low participant counts making the generalisation of data difficult, however in an extensive meta-analysis of 78 papers, Pfäfflin (1993) found an overall regret rate in 1.16% of postoperative participants (*n* = 2150), giving a clearer image of the extent of regret. However, some data are now 54 years old, and arguably surgical treatments and modern medicine have improved greatly, rendering certain data outdated. More recent meta-analyses would be helpful in this regard. Most studies are also limited due to selection bias and participant attrition. Using clinical samples to assess postoperative regret can be difficult as participants may not wish to respond to studies, perhaps if their surgery was difficult or traumatic, potentially having an impact on how the data can be interpreted.

Despite limitations with these studies, psychological distress, suicide attempts, and regret are common within the transgender community, and therefore there is a clear need to understand the factors that cause increased mental health problems as well as recommendations to remedy these. As such the identified factors within the literature that impact the mental health of transpeople will now be discussed.

The Factors that Impact the Mental Health of Transpeople

Discrimination. Experiences of discrimination, victimisation, and stigmatisation have been found to correlate with psychological distress, anxiety, depression, and suicide attempts within transpeople (Bauer et al., 2015; Bockting, Knudson, & Goldberg, 2006; Bockting, Miner, Swinburne Romine, Hamilton, & Coleman, 2013; Clements-Nolle, Marx, & Katz, 2006; Haas et al., 2014; Hess, Rossi Neto, Panic, Rübben,

& Senf, 2014). Bockting et al. (2006) and Lombardi (2009) explain that discrimination can involve physical, sexual, and verbal abuse, destruction of gender related property, exclusion from services and from employment, and more subtle forms of discrimination including deliberately referring to the individual as their natal gender. Typically, it is assumed that female-to-males (FTM) suffer less discrimination than male-to-females (MTF) as they are more able to pass as males and because society is more lenient and accepting of natal female gender expression (De Cuypere, Jannes, & Rubens, 1995; Lombardi, 2009). Despite this, Bockting et al. (2013) found in their study that FTMs reported more instances of discrimination than the MTFs. A limitation of such studies is that most are based upon clinical samples, and therefore are not representative of transpeople who have not attended clinics but who have experienced discrimination. Studies should search for ways of reaching out to such ones, perhaps via the internet. Attending clinics can have a confounding effect on data as patients are able to receive support and guidance which they may struggle to obtain otherwise. In this regard, professionals such as doctors, nurses, and psychologists, can recommend psychotherapy or support groups to patients to help them build resilience (Clements-Nolle et al., 2006; Lombardi, 2009). Another solution includes educating society to increase their understanding of transgenderism, with the goal of decreasing discrimination (Bockting et al., 2006; Clements-Nolle et al., 2006; Jokić-Begić, Lauri Korajlija, & Jurin, 2014; Khoosal et al., 2011; Lombardi, 2009; Winter et al., 2009).

Support from family and friends. Support from family and friends positively correlates with improved mental health (Bockting et al., 2013; Carroll, 1999; Cohen-Kettenis & van Goozen, 1997; Davey, Bouman, Arcelus, & Meyer, 2014; Erich, Tittsworth, Dykes, & Cabuses, 2008; Jokić-Begić et al., 2014; Landén et al., 1998;

Ruppin & Pfäfflin, 2015). Numerous studies have also documented instances where transpeople have lacked support, leaving them no one to turn to in times of distress (Cohen-Kettenis & van Goozen, 1997; Davey et al., 2014; De Cuypere et al., 2005; Khoosal et al., 2011; Kuiper & Cohen-Kettenis, 1998; Smith et al., 2001; Smith et al., 2005). Haas et al. (2014) and Bauer et al. (2015) also found that losing family and friends and coming out as transgender both correlated with increased suicide attempts. All studies were self-reported and therefore a limitation involves the understanding of the subjective nature of what constitutes effective support for each participant which they may under or overexaggerate. Regardless the findings suggest a clear link between the existence of support and mental health. It has been suggested that family members and friends be included in assessments and therapy sessions, as this will give them the opportunity to learn and explore their relative or friend's transition with the goal of encouraging communication, understanding, and support (Bockting et al., 2006; Erich et al., 2008; Fraser, 2009a; Jokić-Begić et al., 2014; Landén et al., 1998; Marshall et al., 2015; McCann, 2015). In instances where this may be difficult, transpeople may be encouraged to attend psychotherapy or join support groups, organisations, and online forums with similar individuals who can offer support, companionship, and a feeling of belonging that may have been lost (Bockting et al., 2006; Lawrence, 2003; Rachlin, 1999; 2002; WPATH, 2012).

Support from partners. Receiving support from partners correlates with overall life satisfaction and wellbeing within transpeople (De Cuypere et al., 2005; Erich et al., 2008; Weyers et al., 2009; Wierckx et al., 2011). Some participants noted that their relationships with partners broke down during transition (De Cuypere et al., 2005; De Cuypere et al., 2006; Johansson, Sundbom, Höjerback, & Bodlund, 2009; McCann,

2015; Murad et al., 2010; Smith et al., 2001; Wierckx et al., 2011). For example, McCann (2015) discusses numerous participants who explained that they had lost their partners and how this had made them feel upset, and at times, suicidal. As with correlational studies however, these findings should be interpreted with caution as there may be collinear factors that also play a part in overall life satisfaction, such as quality of surgery, sexual activity, and discrimination (Smith et al., 2001; Wierckx et al., 2011). Despite generally low participant counts in the abovementioned studies, it is rational that being supported by a partner would have a positive effect on mental health. Therefore, to prevent breakdown of relationships, medical professionals could encourage partners to attend assessment and therapy sessions so they can understand the treatment process and discuss their own concerns (McCann, 2015).

Support from medical professionals. Studies have shown that the majority of transpeople were satisfied with their experiences with medical professionals, however, some felt professionals were inadequate and lacked understanding (Khoosal et al., 2011; McCann, 2015), some felt anxiety at the prospect of approaching professionals (Sperber, Landers, & Lawrence, 2005), and others felt ignored as well as anxiety and distress over long waiting times (Carroll, 1999; Cohen-Kettenis, Delemarre-van de Waal, & Gooren, 2008). Issues with such studies specifically include selection bias as it could be likely that patients who have had bad experiences may not wish to discuss them (Khoosal et al., 2011). Similarly, for numerous such studies, patients are contacted to take part perhaps months, or even years after consultations and therefore are responding to sessions based upon their memories. The data has the potential to be biased and not truly representative of the support received. Regardless, suggestions made to increase support from professionals include education within

healthcare professions, teaching respect, affirming patients' gender identities, and using their desired pronouns (Sperber et al., 2005; WPATH, 2012). Similarly, working in close partnership with the transgender community and its associated organisations can build understanding and trust and potentially encourage transpeople to seek out medical help with confidence (Erich et al., 2008; Rachlin, 1999).

Support from psychotherapy. It should be expected that psychotherapy has a positive impact on the mental health of transpeople as it gives them a safe space to explore their gender identity and mental wellbeing (De Cuypere et al., 2006; Fraser, 2009a; 2009b; Rachlin, 2002; Selvaggi & Giordano, 2014; WPATH, 2012). Rachlin (2002) and Ruppin and Pfäfflin (2015) found positive outcomes of psychotherapy for transpeople, as most felt they were being heard, respected, and supported by their therapists. Despite mostly positive experiences being reported, Johansson et al. (2009) explain a caveat of self-reported clinical studies regarding psychotherapy for transpeople. It is possible that participants overstate the effectiveness of psychotherapy as they may feel demonstrating a continued positive attitude is crucial to receiving ongoing treatments such as hormones, thus potentially having a biasing effect on the data. Despite this, several negative experiences have been noted and these are often attributed to the psychotherapists' lack of understanding or a fear of accessing services (Rachlin, 2002; Ruppin & Pfäfflin, 2015; Shipherd, Green, & Abramovitz, 2010). To improve these issues, education of professionals is once again suggested (Sperber et al., 2005; WPATH, 2012), as is the need to work more closely with the transgender community (Dhejne et al., 2011; Jokić-Begić et al., 2014; Shipherd et al., 2010; WPATH, 2012). Noteworthy is the important suggestion that psychotherapy should continue after transition as certain issues may persist (Bockting

et al., 2006; Cohen-Kettenis & Gooren, 1999; De Cuypere et al., 2006; Michel, Ansseau, Legros, Pitchot, & Mormont, 2002; Rehman, Lazer, Benet, Schaefer, & Melman, 1999).

Physical appearance. A major contributor to feelings of gender dysphoria and poor mental health in transpeople is the incongruence between their physical appearance and gender identity (Bockting et al., 2006; De Cuypere et al., 2006; Haas et al., 2014). Typically, MTFs experience more issues related to their physical appearance as masculine characteristics are more difficult to adapt than feminine characteristics (De Cuypere et al., 1995; De Cuypere et al., 2006; Kraemer, Delsignore, Schnyder, & Hepp, 2008; van de Grift et al., 2016; Weyers et al., 2009). There does however appear to be a lack of discussion within the literature regarding the concealment of the breasts for FTMs, as this is arguably the most difficult feminine characteristic to adapt. Some of the abovementioned studies could have asked FTM participants about the status of mastectomy and correlated this with their mental health, as this would likely have been of significant interest. Another limitation of most studies is that they rely on clinical samples which do not consider the feelings towards physical appearance of those who do not attend clinics. After all, transpeople do not need medical support to adapt their appearance. Some suggestions to improve satisfaction with appearance include facial feminisation, vocal therapy, hair removal, and cosmetic techniques to conceal or give the illusion of masculinity or femininity and primary and secondary sex characteristics (Ainsworth & Spiegel, 2010; WPATH, 2012). Of course, hormone treatment and surgery can also have a very positive impact on physical appearance and therefore mental health (Cohen-Kettenis & van Goozen, 1997; Hess et al., 2014; Murad et al., 2010; Smith et al., 2005).

Hormone treatment. Hormone treatment is almost entirely associated with improved mental health in transpeople as they begin to develop the desired secondary sex characteristics (Carroll, 1999; Johansson et al., 2009; Murad et al., 2010; Newfield, Hart, Dibble, & Kohler, 2006; Ruppin & Pfäfflin, 2015). Furthermore, Castellano et al. (2015) encourage the continued use of hormones throughout life to maintain secondary sex characteristics and overall wellbeing. Besides hormone treatment, receiving blockers in adolescence can halt the development of unwanted secondary sex characteristics, thus preventing distress (Cohen-Kettenis & Gooren, 1999; Smith et al., 2001). As explained, data from such clinical samples could be biased as participants may feel that continued use of hormones is dependent on positive responses (Johansson et al., 2009). Similarly, clinical samples do not consider the feelings of transpeople who do not attend clinics or who self-medicate, which can be unsafe as there is no way of verifying the quality and quantity of substances (Carroll, 1999). Data including such ones is vastly important, specifically as hormones can be dangerous, and therefore future research should reach out to such ones. Despite the positive effects of hormone treatment on mental health, studies have found negative physical health risks and potential links to cardiovascular disease, type 2 diabetes, hypertension, and cancer (Burcombe, Makris, Pittam, & Finer, 2003; Gooren, Giltay, & Bunck, 2008; Hage, Dekker, Karim, Verheijen, & Bloemena, 2000; WPATH, 2012). Most of these studies however reported low incidence rates, although these were still higher than the general population. Further research is needed to fully understand the health implications of hormone treatment.

Preparation for life following transition. Carroll (1999) and Lawrence (2003) found that preparation for life following transition correlated with overall satisfaction,

although both explain that patients with low satisfaction may have had no desire to participate in their studies. Regardless, it is recommended that patients are prepared for the realities and challenges that are associated with being transgender before transitioning (Klein & Gorzalka, 2009; Marshall et al., 2015; Rehman et al., 1999; Selvaggi & Giordano, 2014; Smith et al., 2005; WPATH, 2012). An important form of preparation required for surgery is the one year period in which the transperson is expected to live in their desired gender role (WPATH, 2012), allowing them to experience and explore the dynamics of this gender role, whilst giving them the opportunity to explore potential doubts (Bockting et al., 2006; Cohen-Kettenis & Gooren, 1999; Gooren, 2011; Kuiper & Cohen-Kettenis, 1998; WPATH, 2012). Important areas for discussion beforehand may include: adapting appearance, surgical complications, relationship dynamics, sexual outcomes, social outcomes, sterility and infertility, and the potential for gender dysphoria to remain (Bockting et al., 2006; De Cuypere et al., 2005; Gooren, 2011; Khoosal et al., 2011; Rehman et al., 1999; Ruppin & Pfäfflin, 2015; Selvaggi et al., 2007; Selvaggi & Giordano, 2014; Smith et al., 2005; van de Grift et al., 2016; Wierckx et al., 2011; WPATH, 2012).

Surgical outcomes. Research clearly shows how positive outcomes of surgery correlate with improved mental health (Fleming, MacGowan, Robinson, Spitz, & Salt, 1982; Kraemer et al., 2008; Lawrence, 2006; Nelson, Whallett, & McGregor, 2009; Rehman et al., 1999; Smith et al., 2005). In their meta-analysis including 1833 participants, Murad et al. (2010) stated that 80% reported a significant drop in gender dysphoria and an improved quality of life following surgery. Some researchers have found that simply the removal of the natal genital organs leads to more positive outcomes for patients (Schroder & Carroll, 1999; Smith et al., 2001). Regarding studies

concerning aesthetic and functional surgical outcomes, the majority of participants were pleased with their surgery, however there was a percentage who were displeased (Bettochi et al., 2005; De Cuypere et al., 2005; Hess et al., 2014; Johansson et al., 2009; Khoosal et al., 2011; Kim et al., 2009; Krege et al., 2001; Kuiper & Cohen-Kettenis, 1998; Lawrence, 2003; Leriche et al., 2008; Rehman et al., 1999; Rossi Neto, Hintz, Krege, Rübben, & Vom Dorp, 2012; Schroder & Carroll, 1999; Smith et al., 2005; Soli et al., 2008; Wierckx et al., 2011). Surgical outcomes tend to be more favourable for MTFs, who require an aesthetically pleasing and functional vagina which provides erogenous sensitivity, has a suitable depth, and is moist, elastic, and hairless (Bizic et al., 2014; Rehman et al., 1999; Soli et al., 2008). Inadequate vaginal depth is often cited as a key cause of dissatisfaction (De Cuypere et al., 2005; Rehman et al., 1999; Rossi Neto et al., 2012; Schroder & Carroll, 1999; Smith et al., 2005). Lower satisfaction is often found in FTMs who require an aesthetically pleasing and functional penis which provides erogenous sensitivity, allows them to urinate whilst standing, leaves minimal donor site scarring, and is capable of penetration (Bettochi, Ralph, & Pryor, 2005; Fang, Kao, Ma, & Lin, 1999; Garaffa, Christopher, & Ralph, 2010; Kim, Lee, Kwon, & Cha, 2009; Soli et al., 2008). Low satisfaction is often attributed to surgical complications, scarring, and erection prosthesis failure (De Cuypere et al., 2005; Johansson et al., 2009; Kim et al., 2009; Smith et al., 2005; Wierckx et al., 2011). Studies concerning surgical outcomes are often fraught with limitations such as low sample sizes and selection bias. Also, participant attrition can be an issue as patients no longer wish to take part in long-term studies, perhaps because they dislike being continually monitored, or perhaps they wish to gain some closure on their transition (Dhejne et al., 2011; Lawrence, 2003; Monstrey, Vercruysse, & De Cuypere, 2009). Furthermore, it

is difficult to generalise the results of such studies, as they cover several decades of surgery and utilise various heterogeneous surgical techniques which have arguably improved over time (Lawrence, 2003; Monstrey et al., 2009).

Surgical complications. If positive surgical outcomes correlate with improved mental health, it could be argued that negative surgical outcomes correlate with increased mental health problems. Such negative outcomes can include scarring, fistulas, stenosis, strictures, erection prosthesis complications, flap failure, urinary complications, and wound healing complications (Bettochi et al., 2005; Fang et al., 1999; Garaffa et al., 2010; Kim et al., 2009; Krege et al., 2001; Lawrence, 2006; Leriche et al., 2008; Monstrey et al., 2005; Rashid & Tamimy, 2013; Rehman et al., 1999; Rossi Neto et al., 2012; Schroder & Carroll, 1999; Smith et al., 2001; Wierckx et al., 2011). Despite complications being reported in numerous studies, satisfaction with surgical outcomes has been reported to be very high (Bettochi et al., 2005; Garaffa et al., 2010; Kim et al., 2009; Krege et al., 2001; Leriche et al., 2008; Monstrey et al., 2005). When asked why they felt satisfied despite experiencing complications, participants explained that having genitalia that matched their gender identity was more important to them than any surgical issues (Kim et al., 2009; Lawrence, 2006; Leriche et al., 2008; Ruppin & Pfäfflin, 2015; Wierckx et al., 2011). Such findings suggest that perhaps the existence of surgical complications is not a strong factor that impacts mental health, as many participants have expressed overall satisfaction despite complications.

Sexual activity. Michel et al. (2002), De Cuypere et al. (2005), and Klein and Gorzalka (2009) suggest a link between sexual functioning and mental health. Most participants appear to express satisfaction with their sexual functioning following

surgery, however dissatisfaction is also widely reported (Cohen-Kettenis & van Goozen, 1997; De Cuypere et al., 2005; Hess et al., 2014; Johansson et al., 2009; Lobato et al., 2006; Selvaggi et al., 2007; Smith et al., 2005). In a meta-analysis of 28 studies (*n* = 1833), Murad et al. (2010) found that 72% of participants expressed some improvement in sexual functioning following surgery. Reasons for lack of sexual satisfaction included; a lack of sex drive; pain and discomfort during sex; inadequate phalloplasty; inadequate vaginal depth; lack of a close sexual partner; lack of erogenous sensitivity; complications with surgery; stress and anxiety (Cohen-Kettenis & van Goozen, 1997; De Cuypere et al., 2005; Johansson et al., 2009; Klein & Gorzalka, 2009; Lawrence, 2005; 2006; Rehman et al., 1999; Schroder & Carroll, 1999; Selvaggi et al., 2007; Smith et al., 2001; Weyers et al., 2009). Despite some unsatisfactory sexual activity, overall wellbeing has been found to be high, indicating that perhaps sexual activity is not a major factor that impacts mental health (Schroder & Carroll, 1999). Limitations of many of these studies include low participant counts, related to participant attrition, making it difficult to provide conclusive results on the importance of sexuality on mental health following surgery. Another issue with such studies is that they do not consider preoperative sexual activity and how this relates to mental health. It is arguable that sexual activity before surgery is even more difficult for transpeople as they may find using their genitals distressing. More research is needed to clarify such an assumption however.

Genital sensitivity and orgasm. Due to improvements in surgical techniques, genital sensitivity can be retained following surgery through the connection of nerve endings to the neovagina or neophallus (Kim et al., 2009; Selvaggi et al., 2007), and studies have found that most participants are able to achieve orgasm during

masturbation and sex (Cohen-Kettenis & van Goozen, 1997; De Cuypere et al., 2005; Fang et al., 1999; Hess et al., 2014; Kim et al., 2009; Krege et al., 2001; Lawrence, 2005; Leriche et al., 2008; Rehman et al., 1999; Selvaggi et al., 2007; Smith et al., 2001; Smith et al., 2005; Soli et al., 2008; Wierckx et al., 2011). Although Wierckx et al. (2011) found that achieving orgasm following surgery correlates with improved mental health, several studies have found that achieving orgasm was not an important outcome for participants, as many were happy regardless of their inability to achieve orgasm (De Cuypere et al., 2005; Rehman et al., 1999; Schroder & Carroll, 1999). Perhaps for transpeople, genital sensitivity and orgasm is not as important as having the correct genitalia or being able to have sex in the desired gender role.

Other factors. Some other factors that are loosely correlated with mental health and wellbeing include; the use of the internet as a tool for gathering information and receiving online support (Dhejne et al., 2014; Fraser, 2009a; Jokić-Begić et al., 2014; Newfield et al., 2006); drug abuse as a method of dealing with painful experiences and feelings (Bockting et al., 2006; Clements-Nolle et al., 2006; Hepp, Kraemer, Schnyder, Miller, & Delsignore, 2005; Mathy, 2002); a lack of funding or insurance which can act as a barrier towards treatment (Carroll, 1999; Rachlin, 1999; Shipherd et al., 2010); the impact that transitioning has on employment (Clements-Nolle et al., 2006; Johansson et al., 2009; Murad et al., 2010; Rehman et al., 1999); the impact of the cultural, religious, political, and legal landscape (Fraser, 2009a; Jokić-Begić et al., 2014; Winter, 2009; Winter et al., 2009; WPATH, 2012; Yarhouse & Carr, 2012). It would be a mistake to generalise and assume that the findings from studies on transgenderism, which are almost entirely North American and European, could apply to other cultures with different values and ideals (Marshall

et al., 2015; Selvaggi et al., 2014; WPATH, 2012). There is also a general lack of data in the abovementioned areas and therefore these need further research to understand their impact on the mental health of transpeople.

Justification for the Present Study

Despite the limitations of previous research, transpeople are clearly subject to numerous pressures, besides gender dysphoria, that can impact their mental health, leading to potentially drastic consequences (WPATH, 2012). Understanding these factors is crucial for medical professionals as it can help them to appreciate what causes poor mental health in transpeople whilst helping them to develop interventions to decrease distress and suicide ideation. To date, no study has attempted to encapsulate all such factors that impact mental health into a single study. Furthermore, it is clear from the literature that there is a distinct lack of qualitative studies considering in-depth accounts of how such factors impact mental health. It is therefore the aim of the present study to explore the numerous factors identified within this literature review in greater depth, with the goal of providing rich and meaningful accounts, as well as suggestions from transpeople to help professionals ameliorate the negative psychological effects associated with transgenderism.

Method

Study Design

When considering how best to understand the factors that impact the mental health of transpeople, many qualitative methods of data collection and analyses were considered, all of which can provide rich narratives and in-depth accounts of the transgender phenomenon (Holtz, Kronberger, & Wagner, 2012; Im & Chee, 2006;

2012; Jowett, 2015). Some of these included content analysis of pre-existing online forum posts, thematic analysis of online discussions and focus groups, and interpretative phenomenological analysis of face-to-face interviews. However, during the development of the study, it was felt that an online survey with several open-ended questions would be an adequate method for collecting the required data. Such an internet mediated research method is an effective way of obtaining the rich and meaningful data required for qualitative data analysis (BPS, 2013). Further benefits of this method include; more authentic responses as the anonymity of participants is maintained, so they can voice their opinions in confidence; more detailed and meaningful responses as participants can take their time when considering the questions; more accurate responses and swifter analysis as data does not need to be transcribed (Rodham & Gavin, 2006).

The questions were based upon the findings that emerged from the literature and were asked as they appear to be the main factors that can impact the mental health of transpeople. These included questions around societal views, medical treatments, physical appearance, relationships and intimacy, and general experiences. Once the questions had been drafted, two transgender individuals were approached and were asked to review the questions and comment on their appropriateness and sensitivity. The survey was hosted on Bristol Online Surveys and the questions were written in a relaxed and conversational manner (See Appendix A).

Recruitment

To understand the factors that impact the mental health of transpeople, the present study recruited participants from 18 online forums and social media groups

which serve as online communities for transpeople. The APA (2013) make it clear that gender dysphoria is not a prevalent condition, therefore recruitment of transpeople would be difficult without the existence of such forums/groups which attract participants who can meet the necessary inclusion criteria (Im & Chee, 2006; 2012). The study was also advertised on 3 social media groups from within the University of Chester. To advertise the study, a flyer (See Appendix B) was posted on each forum/group and was accompanied by a link to the study. After being reviewed and amended, the Department of Psychology Ethics Committee at the University of Chester granted ethical approval for the study (See Appendix D and Appendix E), which was developed in line with the British Psychological Society's ethical guidelines (BPS, 2014).

Participants

The study included responses from 167 transgender participants (*M* age = 33, *SD* = 16.4). 61 participants identified as female (*M* age = 44.7, *SD* = 16.6), 70 identified as male (*M* age = 23.5, *SD* = 8.9), and 34 identified as non-binary (*M* age = 31.7, *SD* = 15.3). Due to the far-reaching nature of internet based research, the study was completed by participants from around the world, however most participants originated from Europe (*n* = 80, 47.9%) and North America (*n* = 74, 44.3%). With regards to treatments, 84 participants discussed their hormone treatment, and 34 participants discussed their surgery.

Data Analysis

Data were analysed using thematic analysis (Braun & Clarke, 2006). Once data were collected and organised, all 167 responses were firstly read through and highlighted in terms of content relating to mental health and secondly read through

and highlighted in terms of content relating to transgender related experiences. All responses were then read through a third and final time and all relevant content was annotated into basic meaning units. These meaning units (*n* = 137) were entered into a table alongside the frequency in which each meaning unit was discussed by participants. Following this, meaning units with similar attributes were grouped to form lower order themes (*n* = 37) which in turn were grouped together based on similarities to form higher order themes (*n* = 17). Finally, these higher order themes were consolidated into dimensions (*n* = 6) which provide a broad, yet detailed view of the factors that impact the mental health of transpeople.

As the data was qualitative, there was a degree of researcher bias when interpreting data (Graneheim & Lundman, 2004). Therefore, to ensure trustworthiness of data, a selection of 17 quotes were extracted from the 37 themes alongside their respective lower order theme title, and were mixed up and placed into a worksheet asking an independent reviewer to match the quotes and themes (See Appendix C). 17 quotes were chosen for the purposes of demonstrating trustworthiness of data as using all 37 quotes and themes could be time consuming and would likely increase the margin for error. The lead researcher approached a colleague within the Psychology Department who is a qualitative researcher and who is not invested in the project, who agreed to complete the trustworthiness test. The independent researcher scored a total of 13/17 (76.5%) correct answers. Of the 4 incorrectly matched themes and quotes, it became apparent that there was some confusion with the wording behind some themes, specifically in relation to feelings towards coming out, visibility of sex organs, experiencing negativity with sex, and feelings towards dating/relationships.

Overall however, the score of the independent researcher implies that the quotes and themes suggested by the lead researcher are valid.

Results

The present study set out to understand the factors that impact the mental health of transpeople. The results of the data analysis can be found in Figure 1 and include the 6 key dimensions, the 37 lower order themes, and relevant data extracts to highlight these as factors that impact the mental health of transpeople.

Initial Development of Gender Dysphoria

It became apparent that the initial development of gender dysphoria can be linked to mental health and psychological distress. 88 participants (52.7%) expressed *negative initial feelings*, including feelings of confusion (*n* = 45), loneliness (*n* = 28), and guilt (*n* = 14) amongst others. Participant #99 remarked:

> I felt confused, overwhelmed.… I thought I could push it to the back of my head and forget about it and that way I would be "normal"… I genuinely thought I was a freak and it was all in my head.

Furthermore, 81 participants (48.5%), including some of the above, expressed *intense negative initial feelings*, including feelings of self-hate, anxiety, depression, self-harm, and suicide ideation. Participant #34 expressed most of these initial feelings, stating that he felt: "… a lot of fear of rejection, suicidal thoughts, self-mutilation, and depression". Altogether, 125 participants (74.9%) discussed having negative to intensely negative initial feelings. Despite such clear negativity that surrounds the realisation that one is transgender, there also existed *positive initial feelings* reported

#	Meaning Unit Quote	Lower Order Theme	Higher Order Theme	Dimension
1	(99) I felt confused, overwhelmed. I didn't know if it was possible... I genuinely thought I was a freak and it was all in my head	Negative initial feelings (*n* = 88)	Initial feelings	Initial development of gender dysphoria
2	(34) It was a lot of fear of rejection, suicidal thoughts, self mutilation, and depression	Intense negative initial feelings (*n* = 81)		
3	(98) There was also excitement to be starting something that, in my heart of hearts, I knew would help me live a much better rest of my life	Positive initial feelings (*n* = 24)		
4	(3) everyone is accepting me for who I am, including friends, family, some of the public	Experienced support from relationships (*n* = 150)	Experiences with relationships	Being accepted and understood
5	(112) Certain family members and friends no longer speak to me, which has impacted my mental health	Experienced withdrawal of support from relationships (*n* = 68)		
6	(67) the non trans partner has to effectively grieve for the loss of the gender and role their trans partner once filled in their life	Relationships needed time to accept (*n* = 20)		
7	(79) They just don't know how to understand... it sure makes a lot of non-binary or trans people scared to be themselves	Society doesn't understand transpeople (*n* = 122)	Society's perceptions of transpeople	
8	(23) It is however a frightening realization to understand that the simple existence of people such as me draws forth anger and sometimes outright violence	Society hates transpeople (*n* = 27)		
9	(15) the increased presence of trans people in the media, which helps the public to understand who we are and how we feel	Society understands transpeople (*n* = 74)		
10	(58) It is extremely psychologically stressing when everyone refuses what you assert to be as a person	Experienced rejection from society (*n* = 72)	Experiences within society	
11	(84) my experiences in society have made it so that I'm not afraid whatsoever to be myself	Experienced acceptance from society (*n* = 18)		
12	(1) There is always fear with coming out... Often, it is deemed too risky to tell the truth	Feelings towards coming out (*n* = 40)	Feelings towards coming out	
13	(91) I pass as male more often than not which has been incredibly beneficial to my mental health	Desire to pass (*n* = 59)	Desire to pass	Aligning appearance with gender
14	(159) wear nothing but male clothing... I love how I look most of the time	Gender specific clothing (*n* = 66)	Means of aligning appearance with gender	
15	(99) I have a short and styled hair cut and I always keep some sort of stubble or facial hair as it makes me feel better about myself	Gender specific hair styling (*n* = 64)		
16	(89) The first time I used a binder and dressed like a dude, it was similar to having lived in a rainy world for your entire life and suddenly seeing the sun	Visibility of sex organs (*n* = 31)		
17	(4) occasionally wear light makeup in public... I want to look more stereotypically female for myself	Use of cosmetics (*n* = 24)		
18	(32) sometimes, like yesterday, i try to present totally masculine but it often just ends in me feeling depressed because i still look like a girl	Negative feelings towards appearance (*n* = 34)	Feelings towards appearance	
19	(50) I feel sometimes androgynous and it gives a Hint of who I am... I guess I feel more comfortable and stronger mentally	Positive feelings towards appearance (*n* = 17)		

Figure 1. The Factors that impact the mental health of transgender people

by 24 participants (14.4%). For example, despite experiencing feelings of anxiety, participant #98 explained: "… there was also excitement to be starting something that, in my heart of hearts, I knew would help me live a much better rest of my life. Joy, at times, with those feelings".

Being Accepted and Understood

Perhaps the single most discussed area within the data was the importance of being accepted by others. Concerning close relationships, 150 participants (89.8%) explained that they had *experienced support from relationships*, including friends (*n* = 114), family (*n* = 99), the LGBT community (*n* = 41), partners (*n* = 35), online friends (*n* = 16), and co-workers (*n* = 8). Participant #3 highlighted the importance of such support, stating that: "… everyone is accepting me for who I am, including friends, family, some of the public, but it's the family part that's most important and is a huge thing". Conversely, 68 participants (40.7%), again including some of the above, discussed how they had *experienced withdrawal of support from relationships*, including family (*n* = 51), friends (*n* = 26), and partners (*n* = 6). Participants explained how withdrawal of support led to feelings of sadness, depression, and anger, and often resulted in the ending of relationships and the loss of family and friends. Participant #112 simply stated: "Certain family members and friends no longer speak to me, which has impacted my mental health". Furthermore, 20 participants (12%) discussed how their *relationships needed time to accept*, adjust, and in some cases, grieve, often resulting in their eventual support. Participant #67 gave an in-depth perspective:

> In order for the relationship to remain intact, the non-trans partner has to effectively grieve for the loss of the gender and role their trans partner once

filled in their life. They will need to rebuild that relationship with the approach of creating a new vision of their future which includes the transitioned partner fulfilling new roles with their changed gender. It's only once they have come to accept that the life they had planned on is no longer viable, and have co-created a new one will they be able to move forward again in a healthy relationship with their partner.

Turning towards transpeople's perceptions of how society views them, it is clear from 122 participants (73.1%) that there was a general feeling that *society doesn't understand transpeople*, and that this perception can lead to anxiety, fear, and apprehension. The perception of lack of societal understanding was expressed in numerous ways by participants, some explaining that they felt society views them as freaks (*n* = 20), sexual deviants and perverts (*n* = 15), and sexual fetishes (*n* = 10), amongst others. Some participants explained that transpeople are negatively portrayed in the media, that more focus needs to be placed on education, and that society simply doesn't understand out of ignorance. As participant #79 said: "… they just don't know how to understand. Society overall may not be completely against trans rights, but it sure makes a lot of non-binary or trans people scared to be themselves". In continuation of this, 27 participants explained how they felt *society hates transpeople*, perhaps due to being a minority or because society hates what it does not understand. Like not being understood, the feeling of being hated by society no doubt makes transpeople feel anxious about presenting in public. Participant #23 explained: "It is however a frightening realization to understand that the simple existence of people such as me draws forth anger and sometimes outright violence". Despite such negative perceptions, 74 participants (44.3%) felt that *society*

understands transpeople. Participant #15 felt that: “Societal views of trans people are definitely improving. Personally, I consider this to be because of the increased presence of trans people in the media, which helps the public to understand who we are and how we feel”. Important to note here is that 55 participants (33%) expressed both negative and positive feelings towards societal understanding of transpeople.

Moving away from perceptions of society to actual experiences, 72 participants (43.1%) reported occasions where they *experienced rejection from society*, 55 of whom had stated above how they felt society did not understand them, suggesting the possible cause of these feelings. The most prominent form of rejection reported was being misgendered and deadnamed by others (*n* = 34), experiencing abuse, bullying, and discrimination (*n* = 22), being shunned by religious groups (*n* = 21), experiencing negative reactions when using public bathrooms (*n* = 10), and experiencing physical or sexual assault (*n* = 6). Regarding being deliberately misgendered, participant #58 explained: “It is extremely psychologically stressing when everyone refuses what you assert to be as a person, when what you're hearing is so incongruent with what you know to be true”. Again, other participants discuss feelings of anger, hurt, and fear based upon their negative experiences from society. Conversely, 18 participants had *experienced acceptance from society*. Participant #84 noted: “Most of my experiences in society have made it so that I'm not afraid whatsoever to be myself”.

Also of consideration are the participants’ *feelings towards coming out*. 40 participants (24%) explained they had not yet come out to others. Most expressed feelings of anxiety (*n* = 25), particularly over how others would react, although some stated they weren’t interested in such reactions. Participant #1 explained the

difficulties related to coming out: “There is always fear with coming out... People’s reactions vary… Often, it is deemed too risky to tell the truth, which leads to the dilemma of staying closeted and lying or being out and potentially losing everyone”.

Aligning Appearance with Gender

Another area which received a lot of focus was the subject of appearance, and specifically how participants felt they could align their appearance with their gender identity. It became apparent that an individual may identify as transgender, but this status is not something they may wish to have attached to them forever. For at least 59 participants (35.3%), there was discussion around the *desire to pass* and living in stealth, referring to the desire not to be viewed as transgender but to be viewed as any other non-transgender person, who does not have their gender identity questioned by others. Such participants discussed a mixture of fear and joy relating to the reactions of others regarding their gender. Some were anxious that they may not be convincing and may therefore be ridiculed, while others discussed how happy it made them feel when others treated them as their desired gender without question. Participant #91 remarked:

> [I] had to be incredibly careful to not out myself…. [It] can feel like there is a boundary between me and the other person as I exclude large parts of my life… I pass as male more often than not which has been incredibly beneficial to my mental health.

An important means of aligning appearance with gender is the adoption of gender specific makers that are readily understood and recognised within society. The most discussed within the data was *gender specific clothing*. Of the 66 participants

(39.5%) who discussed their clothing styles, most made it clear that dressing as their desired gender made them feel very positive and affirmed. For many FTMs, this is something they had been doing for several years even before transitioning. Regarding his clothing, participant #159 stated:

> [I] wear nothing but male clothing... I love how I look most of the time - when I don't, it's only because of pre-transition dysphoria. I know I'd be a boy no matter how I looked, so how I look doesn't make me more masculine, it just is how I'm most comfortable and happy being perceived by others.

Another important means of aligning appearance with gender is the adoption of *gender specific hair styling* reported by 64 participants (38.3%). Primarily this included the growing, cutting, and styling of hair as gender appropriate. Again, many FTMs explained how they adopted short hair styles before their transition. Other forms of hair styling for MTFs, included the use of wigs, shaving, and hair removal procedures. There tended to be some negativity around facial and body hair amongst MTFs, particularly as these are difficult to conceal and can trigger dysphoria. On the other hand, for FTMs, facial and body hair was often met with enthusiasm and in many cases, elation. Participant #99 explained: "… now I feel my appearance represents my gender a lot more. I have a short and styled haircut and I always keep some sort of stubble or facial hair as it makes me feel better about myself". In terms of passing as the desired gender, FTMs tended to report many more issues in terms of the *visibility of sex organs*. Genitalia is relatively easy to conceal and was therefore only discussed by 31 participants (18.6%), 27 of whom were natal females. For these, concealment of the breasts was largely discussed and focus was placed on the use of binders, resulting

in mixed feelings. Many discussed feelings of joy and euphoria when they see themselves with a flat chest, whilst others stated that the experience can be painful and can itself trigger dysphoria. Participants #89 explained both feelings:

> The first time I used a binder and dressed like a dude, it was similar to having lived in a rainy world for your entire life and suddenly seeing the sun. But after I knew that the sun existed, the rain became darker and irritating, and even more troubling.

A further area of aligning appearance is the *use of cosmetics*, discussed by 24 participants (14.4%). Most of the participants who discussed cosmetics were MTFs. Using makeup to make herself appear female, participant #4 stated:

> [I] occasionally wear light makeup in public or more bold colours at home/with friends. I don't believe you have to do typically female things to be a woman, but I want to do them, I want to look more stereotypically female for myself.

The overall feeling of how successful participants felt they pass, or how well they felt they could align their appearance with their gender identity can be seen in their feelings towards their appearance. 34 participants (20.4%) expressed *negative feelings towards appearance*, specifically that they were not happy with how they presented and that it did not match how they wished to portray themselves or be perceived by others. For example, participant #32 said: “Sometimes… I try to present totally masculine but it often just ends in me feeling depressed because I still look like a girl”. Conversely, 17 participants (10.2%) expressed that they had *positive feelings towards appearance*. Participant #50 explained: “I feel sometimes androgynous and it gives a hint of who I am.... I feel more comfortable and stronger mentally”.

Receiving Professional Support and Treatments

Another area discussed was the quality in which participants received support from professionals and subsequent treatments. Generally, the first port of call for any transperson who feels they suffer with gender dysphoria is their local GP. GPs can diagnose gender dysphoria and refer the patient to other gender specific healthcare professionals, i.e. within gender clinics. 87 participants (52.1%) reported that they had *experienced positivity from professionals*. Participant #127 remarked:

> My current endocrinologist is absolutely wonderful.... He is enjoyable to be around and it helps me stay calm and be comfortable with the whole situation. My psychologist specializes in gender therapy and is absolutely wonderful. He enjoys his job very much which helps his clients open up which in return helps him do his job much more efficiently.

There was a general feeling within the data that having an affirmative and supportive professional team is greatly beneficial to the mental health and overall transition of the patient. However, 45 participants (26.9%) explained that they had *experienced negativity from professionals*, explaining that the opposite can also be true when the patient is not supported by professionals. Participant #1 discussed his experiences with professionals, stating that they were:

> … genuinely traumatising... most experiences tend to be negative. Everything from bigoted or ignorant doctors intentionally or unintentionally putting you at risk, invasive or inappropriate questions or behaviour, patient neglect or abuse, and long waiting times with sparse communication leads to no confidence and therefore hopelessness in regards to seeking medical help.

Several participants explained how the negative experiences of others had led to them being unsure as to whether they should seek professional help, whilst others suggested negative experiences led to a complete lack of confidence in the medical profession to handle transgender patients respectfully and professionally. Some participants (*n* = 6) defined professionals as gatekeepers, explaining that they hold the key to treatment, but withhold it from patients who do need meet the relevant assessment criteria. There tended to be very negative feelings towards such professionals. Whether participants had good or bad experiences, there was some agreement that there is a *lack of knowledge amongst professionals*. 35 participants (21%) discussed their consultations remarking how certain professionals, and particularly GPs, appeared to be uneducated about transgenderism and how this often leads to misgendering, deadnaming, and the asking of inappropriate or irrelevant questions, leading to negative feelings. Several participants (*n* = 24) recommended that professional should receive training, and some (*n* = 10) remarked that they themselves had to inform and educate professionals on how to treat transgender patients. In terms of the impact on mental health, participant #54 stated:

> The first female GP I approached for this reason explicitly told me that she wasn't interested in treating my gender dysphoria and instead only wanted to focus on my anxiety and depression. This made me feel disillusioned about transitioning and apprehensive to approach others for a while. The female GPs I have seen since have been supportive and affirmative - the first was well-meaning but very ignorant of guidelines around treating trans patients, and the second was particularly friendly and already knew how to treat me in regards

> to NHS guidelines, which made me a lot more confident in her and comfortable around her.

Alongside professional support, 32 participants explained that the existence of *issues within clinics* can also have a negative impact on mental health. The most discussed was long waiting times within clinics (*n* = 14) which can often be a great source of distress. Others discussed how their clinics are overworked and underfunded (*n* = 7) which can lead to mistakes and further difficulties in securing treatments, both of which can cause frustrations. In some instances, such issues have led to patients self-medicating which can be dangerous, or opting for private treatment which can be costly. Discussing some of these issues, participant #135 explained:

> … my GP then continued that treatment, though he had been unable to initiate it himself without numerous consultations etc.... The vaginoplasty I fought for for ten years before they would agree to me having it. I had five referrals, numerous consultations and a lot of travelling before getting an agreement in place, and even then they screwed up the financing, resulting in another wait. I was close to suicidal on a number of occasions.

Further problems include *issues with funding treatments*, discussed by 16 participants (9.6%). In countries such as the UK, the National Health Service covers specific treatments for transpeople, but in countries such as the Unites States of America, insurance companies are often required to fund treatments and surgeries. There appears to be a consensus within the data that dealing with insurance companies is problematic as a number do not cover treatments related to transgenderism, often leading to frustration. Participant #96 remarked: "… with insurance companies I have

found them very cold and disrespectful. I have had to jump through hoops to get things covered that I should not have to".

Another important area that was discussed within the data was how participants felt towards treatments prior to engaging in them. 22 participants (13.2%) discussed their *feelings towards hormones*, with many expressing a great desire, and in some cases, desperation for hormone treatment, as well as a few participants expressing anxiety about hormone treatment. In many of these instances, participants stated that they had seen or read about the positive results of hormone treatment from others, and desired it for themselves. For example, participant #4 stated:

> I'm desperate for hormone treatment, I'm not getting any younger, I know the effects will alleviate dysphoria a lot, and there's a lot of barriers. It's dangerous so I'm uncomfortable self-medicating. My other trans friends can't say enough good things about it.

Furthermore, 37 participants (22.2%) discussed their *feelings towards surgery*, with some expressing a desire to undergo some sort of procedure (*n* = 31). A simple word search was conducted within the two questions that asked participants about surgical treatments, and besides the 31 participants who expressed an overt desire for surgery, a further 30 participants used the word *yet* within their responses (i.e. I have not had surgery *yet*), suggesting that surgery is something they also desire or are planning for. Besides this, some participants also discussed being unsure about surgery (*n* = 5) as it is permanent and the outcomes of surgery can be painful and fraught with complications. Some also discussed the potential for regret following surgery (*n* = 4). In terms of how the desire for surgery affects mental health, participant #60 explained:

> I haven't had any gender confirmation surgeries. I sometimes think about them and if I would like to have them or if they would make me feel better. But every time I think about it makes me feel more uncertain, because it is also something definitive. You cannot go back and that makes it quite scary.... I don't know if I would really be happy if I had such a surgery. Would I miss what I had? And what about the pain and risks. These are scary things.

Of the 84 participants who were currently undergoing hormone treatment, 65 (77.4%) indicated that they experienced *positive outcomes of hormone treatment*. Most participants were extremely positive about hormones, directly explaining how they had greatly improved their mental health (*n* = 58) and had aligned their physical appearance with their gender identity (*n* = 17). For example, participant #161 stated:

> … hormone therapy has been a miracle emotionally for me. I lived a lifetime with what I can only describe as a background level of general anxiety. Within hours of the first estradiol tablet I started to feel a sense of calm. There is no scientific research done on this aspect of the brain but many trans people talk about similar effects when they start the hormone that matches their brains neural structural wiring.

Other participants described taking hormones as an amazing, lifesaving, and immensely validating experience. However, of the 84 participants, 29 (34.5%) discussed the *negative outcomes of hormone treatment*. The primary negative outcome of hormone treatment, and one which appeared to be discussed more by participants who self-medicate, is the danger of hormones (*n* = 17). Participant #29 said: “In the beginning I could only buy hormones from the black market, I self-

medicated and damaged my heart with that, turned out later". Likewise, other participants explained that their doses were too high which impacted their physical health (*n* = 8). Others have stated that hormones can also negatively affect emotions and moods, making them feel more aggressive and violent (*n* = 6).

Finally, of the 34 participants who had undergone surgery, 24 (70.6%) reported *positive outcomes of surgery*. Many were extremely positive and happy with their surgery. It was apparent that for many FTMs, having a mastectomy (*n* = 14) was in many ways more important to them than phalloplasty, as this allowed them to present comfortably in public as male. Likewise, being rid of genitalia was in some instances a cause of satisfaction for numerous participants. Regarding the outcomes of vaginoplasty (*n* = 18) and phalloplasty (*n* = 4), there was a general sense that having sex organs that align with one's gender is very affirmative, increases happiness, increases confidence, and that the feeling of waking up with the correct sex organs is a wonderful experience. In this regard, participant #77, a female, expressed:

> It was an awakening moment. It was like coming out of a stuffy room and into the fresh [air] on that first morning after I woke up.... I felt… free, I suppose, no, it was much more than that, it was liberating after being trapped in a doorless and windowless prison cell of skin and bone.

Of the 34 participants who had undergone surgery, only 4 (11.8%) reported *negative outcomes of surgery*. Negative outcomes included, pain following mastectomy (*n* = 1), complications with facial feminisation surgery (n = 1), and complications with phalloplasty (*n* = 2). Regarding his recent surgery, participant #8 explained: "… phalloplasty was only weeks ago and is incredibly tough with complications and the

mental effects it's having. There's the potential for regret later simply due to the potential issues that could still be on the horizon". None of the participants who had undergone vaginoplasty reported negative outcomes.

Dating, Relationships and Sex

A further dimension which appears to be linked to the mental health of transpeople is their ability to date and the quality of their intimate relationships and sexual activity. An area that was present in the data was the participants' *feelings towards dating/relationships*, discussed by 33 participants (19.8%). Linking with the level of acceptance from society, some participants (*n* = 14) explained how they were anxious about being taken advantage of or being abused if they dated or began a relationship, particularly when disclosing their transgender status. Regarding such anxieties, participant #15 remarked:

> I've found it very difficult deciding when to disclose that I'm trans. If I were very open about it, I left myself open to being pursued by men who only wished to have sex with me just because I am trans, and not caring about me as a person. However, if I did not tell my dates until after they've met me several times, I was often rejected and never spoke to again.

Such a dilemma makes dating difficult for transpeople thus limiting their ability to form close bonds with potential partners. Other feelings discussed included participants (*n* = 11) explaining they had no desire to date or have a relationship, as individuals would find transpeople difficult to date. Other participants (*n* = 8) discussed their desire to date and have a relationship following surgery so that they would feel complete.

Besides their feelings towards dating and relationships, several participants discussed their experiences. 13 participants (7.8%) revealed that they have *experienced negativity with dating/relationships*. Some reasons given for negativity included negative reactions when disclosing their transgender status to their partner thus ending the relationship, being taken advantage of, and the difficulty in finding a partner who is comfortable dating a transperson. Concerning the latter, participant #6 who was born female and now identifies as non-binary, discussed their relationship with their partner stating:

> I have a long-term partner who is very lovely, but he got to know me when I was presenting as a man and I am keenly aware that he's turned off by my breasts. It's depressing. And I feel lonely.

Not all participants expressed negativity, as some had *experienced positivity with dating/relationships*. 8 participants (4.8%) explained how they felt very satisfied in their current relationships. For example, participant #111 stated: “Currently, I'm dating someone who embraces my identity and am in a very happy relationship”. Likewise, as mentioned previously, 35 participants stated that their partner supported them in their transition, leading to positive and stronger relationships.

A further area that was discussed was the subject of sex. 46 participants (27.5%) explained that they had *experienced negativity with sex*. In some instances, this negativity was due to a decreased sex drive and being anxious around sexual partners, but the primary reason for negativity with sex appeared to be the dysphoria caused by having sex with the wrong genitalia. Many participants discussed the difficulty in not being able to please their partner sexually which caused frustration.

Similarly, several participants explained how they were not able to remove their clothes during sex as doing so would cause dysphoria. Participant #34 stated:

> … I feel dysphoric a lot so I don't take off my pants most times but I am able to take off my shirt around her… it's mentally draining though, so I have a low drive... it's put a little strain on us in the past.

However not all experiences are negative. 28 participants (16.8%) explained how they had *experienced positivity with sex*. For participants who had undergone surgery, it is clear for some that sex is now more fulfilling, however certain participants explained how sex was fulfilling for them even before surgery. For example, participant #58 expressed a desire for surgery, but stated: “Sex in the female role is also a better experience for me, having someone use the dominating male role makes me feel so protected, safe, loved and secure in myself”.

Current Feelings Towards Being Transgender

The final dimension that was found within the present study concerns the current feelings of participants towards their transgenderism and what caused these positive feelings. When asked to discuss the positive outcomes of being transgender, 129 participants (77.2%) expressed *feeling positive towards transgenderism*. The most common positive feeling that was expressed was the ability to now be themselves (*n* = 57). Accepting one’s transgenderism and embracing it provides a huge sense of relief to transpeople. In some instances, this sense of relief turned to pride. Regarding her own experiences, participant #18 explained: “Now that I've accepted myself that I'm transgender and have come out I feel a tremendous psychological relief. I can't emphasize this enough”. Another important positive was the feeling of being accepted

and supported by others, including the use of correct pronouns and names (*n* = 36). As previously mentioned, receiving support from family and friends can be very affirmative for a transperson. Another positive is linked with the feeling of accepting oneself, leading to a more open-minded view of the world and others within it (*n* = 25). For other participants, seeing their depression disappearing and seeing it being replaced with happiness was in itself a great source of positivity (*n* = 19). Several participants explained that they were also now able to use their experiences to help and benefit other transpeople in their journeys, particularly those who are struggling with families or those who are scared to come out (*n* = 12). Finally, there was some discussion as to how being transgender has given participants a unique perspective on understanding both male and female viewpoints, giving them a sense of empathy and understanding that non-transgender people cannot understand (*n* = 8).

However, 22 participants (13.2%) expressed *feeling negative towards transgenderism*. When asked to discuss positives, it was simply remarked by some participants that there were none (*n* = 13). Furthermore, some participants expressed a strong desire to harm themselves and stated that they often considered suicide (*n* = 13). When asked to consider positives, participant #95 remarked: “Being trans sucks, it's a goddamn medical condition that causes distress and often results in depression and anxiety and I want to die almost every day!”

Discussion

The aim of the present study was to explore the factors that impact the mental health of transpeople. The results of the research, including the 6 key dimensions, will now be discussed.

Initial Development of Gender Dysphoria

Although originally intended to provide some context to the experiences and feelings of participants, the first section of the study was very interesting in terms of how transpeople process and begin to work with their feelings of gender dysphoria. Clearly, most participants felt negatively towards their gender dysphoria, as most expressed initial feelings of confusion, anxiety, loneliness, self-hatred, depression, and in some cases, self-harm, and suicide ideation. The initial development of gender dysphoria in a transperson, and how they process and deal with related feelings, appears itself to be a factor that can impact their mental health in the long term. Most participants in the present study realised and identify their feelings and were therefore able to find support, thus alleviating their gender dysphoria. For some, realising their gender dysphoria was even a blessing as they felt they could move forward with their lives. It is clear from the apparent lack of studies that focus on the initial development of gender dysphoria, that this area may be worthy of further research.

Being Accepted and Understood

As has been suggested in previous research (Carroll, 1999; Cohen-Kettenis & van Goozen, 1997; Davey et al., 2014; De Cuypere et al., 2005; Erich et al., 2008; Jokić-Begić et al., 2014; Ruppin & Pfäfflin, 2015; Weyers et al., 2009; Wierckx et al., 2011), being accepted and receiving support from family, friends, and partners has a positive impact on mental health as transpeople have someone to turn to during difficulties. This was certainly found to be the case within the present study, as most participants felt some level of support in their lives, expressing a sense of relief or happiness that they had such support. While the existence of acceptance and support can be positive

to mental health, the lack of support can have the opposite effect and can increase feelings of loneliness and depression (Bockting et al., 2013; Landén et al., 1998). The present study found the same results, as many participants expressed how they had lost family members and friends since coming out, and how this had resulted in feelings of distress. As has been found within the literature (Bockting et al., 2006; Lawrence, 2003; Rachlin, 1999; 2002; WPATH, 2012), in many instances, participants discussed how they replaced such relationships with friendships from within the LGBT and online communities as such ones were able to understand and more willing to be supportive, often leading to positive outcomes.

Perhaps a reason for the lack of family, friend, and partner support could simply be due to a lack of understanding (Bockting et al., 2006; Erich et al., 2008; Fraser, 2009a; Jokić-Begić et al., 2014; Landén et al., 1998; Marshall et al., 2015; McCann, 2015). In this regard, it was discussed several times how family members often need time to grieve and to come to terms with their transitioning relative. One participant made it clear that this is a crucial area for transpeople as it allows family members and partners to work through their own issues. As suggested, perhaps this grieving process can be helped by actively encouraging family members and partners to attend gender clinic appointments and therapy sessions where they can discuss their own feelings and concerns, ultimately with the goal of leading to support for the transperson and therefore a positive impact on their mental health.

Within the present study, participants discussed in detail how they felt they were viewed by society. Numerous terms were used to describe transpeople, such as deviants, freaks, and perverts, and it appears that most are attributed to society not

understanding transgenderism and being generally uneducated. Only a minority of participants discussed how they felt society hates transpeople. Understandably, such negative feelings, whether matters of opinion or matters of fact, undoubtedly make it more difficult for transpeople to come out and to be themselves out of fear of being discriminated against. Interestingly, when comparing the demographics of participants who discussed societal understanding, it was clear that the younger generation felt society held more positive views towards transpeople, and therefore they felt more able to come out. Perhaps this suggests that society is becoming more accepting, although this suggestion should be further tested. Similarly, of the participants who expressed a fear of coming out, most were MTF, perhaps due to the less accepting and tolerant nature of society towards natal males who wish to express a different gender (De Cuypere et al., 1995; Lombardi, 2009).

Many of the views that transpeople feel society holds about them likely develop from their own experiences within society. Experiencing abuse, being discriminated against, and even being targeted with violence and sexual assault were discussed within the research. Previous research has shown how these can seriously negatively impact the mental health of transpeople (Bauer et al., 2015; Bockting et al., 2006; Bockting et al., 2013; Clements-Nolle et al., 2006; Haas et al., 2014; Hess et al., 2014). The present study corroborates these findings, with some participants expressing severe anxiety and depression when experiencing discrimination. When experiencing such discrimination, support can be found through psychotherapy and support groups (Clements-Nolle et al., 2006; Lombardi, 2009). With education, society could also continue to improve its understanding of transgenderism which should have a positive effect on how transpeople are treated. Some participants explained how the

media has helped in this regard as transpeople are sometimes portrayed positively on television and in films. Similarly, previous research has suggested education and training programmes be provided by professional services such as national health services (Bockting et al., 2006; Clements-Nolle et al., 2006; Erich et al., 2008; Jokić-Begić et al., 2014; Khoosal et al., 2011; Lombardi, 2009; Winter et al., 2009).

Another area that is briefly discussed by Bockting et al. (2006) and Lombardi (2009) is that of discrimination of transpeople via the invalidation of their desired gender. In the present study, this was discussed in some depth as participants explained how others refuse to refer to them using their desired pronoun or name, often leading to psychological distress and hurt. Such invalidations have been expressed as taking place in the family, the workplace, in school, in public bathrooms, and in religious groups. It is perhaps interesting that many more FTMs discussed issues with using public bathrooms and issues with being misgendered when compared to MTFs. Perhaps this is because using bathrooms and being correctly gendered is more important to them in terms of affirming their gender identity. Regardless, the impact of such misgendering and deadnaming on mental health has received little attention within transgender research and is something that needs further study. Conversely, experiencing acceptance can have a positive effect on the lives of transpeople. Positive experiences from society can understandably make transpeople more confident and improve their mental health, as can having their gender affirmed by others.

Another issue that was discussed is the dilemma related to coming out in that the individual either feels they are lying to others about their gender or they risk being hurt or abandoned by others. Such a dilemma can be very stressful for transpeople,

and such anxiety is exacerbated when they cannot talk to others about their fears. This is perhaps where the importance of LGBT and online friends should be recommended. In any case, this topic clearly needs more research, and focus should be placed on methods of supporting transpeople during the coming out process and how best to care for their mental health during this process.

Aligning Appearance with Gender

The reason for aligning physical appearance with gender identity is not only to alleviate gender dysphoria, but also to appear as the desired gender to the extent that others cannot recognise. Transpeople refer to this as passing or living in stealth. The desire to pass as the desired gender was discussed at great length within the present study and generally participants expressed happiness and contentment when they are not recognised by others as transgender. Likewise, when clearly recognised as transgender, some participants expressed feelings of sadness and fear. The subject of passing was hardly discussed within the literature, however the very desire to change one's appearance is clearly a testament to the importance of passing as the desired gender for transpeople. In terms of the nonmedical methods of aligning appearance and gender, it has been discussed that transpeople are generally expected to live for at least one year as their desired gender before beginning any sort of medical transition (WPATH, 2012). Few studies have discussed the impact that these methods have on the mental health of transpeople, however it is clear from the present study that adopting gender specific clothes, hairstyles, and characteristics can have a very positive effect on the transperson, specifically as it makes them more likely to pass as their desired gender. Of course, not all participants expressed satisfaction with their

appearance, and therefore such ones could be encouraged to reach out to professionals who can help them to develop the relevant mannerisms of their desired gender, such as dressing styles, cosmetic lessons, and so on, as recommended by several participants.

Perhaps one of the most important aspects of adapting appearance was related to concealment of sex organs, and specifically the use of binders for FTMs. It is very clear from the data that the existence of the breasts is an obvious giveaway that the male being presented is transgender, causing major dysphoria for many transmen. Using binders is very favourable to FTMs as they can conceal the breasts and give a more masculine shaped chest, which has been described by many as an exhilarating and happy experience, despite oftentimes being reported as painful. For many of these, mastectomy was the goal, but until that time, binding appears to be a key method for concealing sex organs, thus making the FTM appear more masculine and therefore passable, thus positively impacting their mental health. Overall, it is clear from the data that matching one's appearance with one's gender appears to have a positive effect on mental health. Likewise, failing to do so clearly has the opposite effect as the transperson may still feel that an aspect of their appearance, or the way in which they present themselves, reminds them and others of their natal gender.

Receiving Professional Support and Treatments

In line with previous research, the data suggested that most transpeople are pleased with the levels of support they receive from medical professionals, whether these are GPs, doctors, nurses, surgeons, endocrinologists, and psychotherapists, and this has a positive impact on their mental health as they feel they are being listened to

and facilitated. On the other hand, the lack of support received from professionals, demonstrated through inappropriate conduct, lack of understanding, misuse of pronouns, and so on, can have the opposite effect on mental health and can lead to feelings of hopelessness. It is striking that of the participants who discussed bad experiences with GPs, the majority were MTF. This perhaps suggests that even in healthcare systems, there exists some bias against natal males desiring to change their gender. It is therefore perhaps not surprising that many participants who explained that they themselves informed and educated GPs and other professionals were mostly MTF. As with previous research, several participants reported feelings of fear when considering speaking to professionals, whilst others explained that the professionals did not know what they were doing and lacked understanding (Khoosal et al., 2011; McCann, 2015; Sperber et al., 2005). Specifically, this lack of understanding was discussed at large in the present study, and the general recommendation was that professionals need training and education to be more sensitive and better informed when working with transgender patients. This could potentially lead to more favourable outcomes and less anxiety for patients. Such a suggestion has also been made in previous research (Rachlin, 1999; Sperber et al., 2005; WPATH, 2012).

Another issue that was discussed at length within the present study was the apparent lack of organisation of gender clinics and other facilities. One of the most discussed problems that can impact the mental health of transpeople is the issue of long waiting lists, particularly in the UK, alongside numerous consultations that do not appear to materialise into progress, a finding that echoes previous research (Carroll, 1999; Cohen-Kettenis, et al., 2008). Being caught up in paperwork and being held back from treatments can be a serious affair for transpeople and this can be a major cause

of stress and anxiety. It is perhaps not surprising therefore that most cases in which participants elected for private surgery were in the UK as participants felt tired of waiting for treatments. Likewise, such issues can make professional services appear incompetent and can give the feeling that doctors act as gatekeepers, withholding treatment until the patient passes assessments. Likewise, funding issues and difficulties in obtaining insurance can be very frustrating for transpeople who cannot afford surgeries, a problem that is common in the USA (Carroll, 1999; Rachlin, 1999; Shipherd et al., 2010). The recommendation from the present study is for professional services to streamline processes and bureaucracy to save time, without compromising the integrity of the highly important and necessary medical assessments.

It can be argued that of all the professional services that can positively impact the mental health of transpeople, the psychotherapists are of the most importance. These can directly work with and help to alleviate the negative psychological effects that stem from other factors. Within the data, most participants who discussed psychotherapy explained that their experiences were positive. It is crucial that psychotherapists are well trained and attentive to the needs of transpeople to help them work through difficulties (Bockting et al., 2006; Dhejne et al., 2011; Jokić-Begić et al., 2014; Shipherd et al., 2010; WPATH, 2012). In terms of support given from professionals, an important aspect of the research that was not mentioned by participants in the present study was that of adequately preparing patients for life during and following transition. Previous studies have found that doing so has a positive effect on transpeople as it helps them prepare for future challenges and difficulties (Carroll, 1999; Lawrence, 2003). Perhaps future studies could ask participants about the importance of being prepared for life as transgender and how

they feel they are being/were prepared for life as transgender in terms of social outcomes, treatment outcomes, and psychological outcomes.

Moving on towards treatments, just as within previous research (Carroll, 1999; Johansson et al., 2009; Murad et al., 2010; Newfield et al., 2006; Ruppin & Pfäfflin, 2015), the present study found that many participants who had undergone hormone treatment felt that it had a very positive effect on their mental health. Most explained that hormones helped them align their appearance with their gender and made them feel like they were finally being themselves. As discussed in previous studies (Burcombe et al., 2003; Gooren et al., 2008; Hage et al., 2000; WPATH, 2012), some participants also discussed the health risks attached to hormone treatments, and of the participants who self-medicated, there was a clear recommendation that doing so is oftentimes dangerous although in some cases, unavoidable, due to long and frustrating waiting lists and assessments. Similarly, the desire for, and subsequent refusal of hormones from professionals, perhaps due to failing an assessment, can cause transpeople huge distress and further depression. Hormone treatment is clearly a major factor that impacts the mental health of transpeople, and yet it is so important that hormones are administered and monitored carefully and properly by professionals as they can be dangerous when misused or incorrectly dosed, impacting the patient's physical health.

Following hormone treatment, the final stage of transition for some transpeople is surgery, and the present study confirms the findings from previous studies that surgery can have a very positive impact on the mental health of transpeople (Fleming et al., 1982; Kraemer et al., 2008; Lawrence, 2006; Nelson et al.,

2009; Rehman et al., 1999; Smith et al., 2005). There was an overwhelming sense from participants who had undergone mastectomy and vaginoplasty that the outcomes of surgery were excellent and that the removal of sex organs, and the creation of new gender specific sex organs, was an exhilarating feeling which dramatically decreased gender dysphoria and increased confidence and happiness. However, for some FTM participants, there was also discussion of pain and complications with phalloplasty, potentially leading to regret. Unfortunately, surgical complications were not discussed in great detail by participants due to the small number of participants who had undergone surgery, and therefore future research may wish to develop the nature of postoperative regret as previous studies have found it to be very important (De Cuypere et al., 2006; Dhejne et al., 2014; Khoosal et al., 2011; Krege et al., 2001; Landén et al., 1998; Lawrence, 2003; 2006; Pfäfflin, 1993; Ruppin & Pfäfflin, 2015; Smith et al., 2001; Vujovic et al., 2009; Weyers et al., 2009).

Dating, Relationships and Sex

Previous studies have found that being supported by partners correlates with wellbeing (De Cuypere et al., 2005; Erich et al., 2008; Weyers et al., 2009; Wierckx et al., 2011), therefore it is important to understand the experiences of transpeople in terms of such relationships. The findings from the data suggest that transpeople, and specifically MTFs, are quite cautious in seeking out new relationships, generally out of fear and anxiety of being harassed or taken advantage of. In some instances of dating, participants discussed occasions where they experienced severe negativity, with some being abused and taken advantage of. In some cases, negativity came from within existing relationships, and in others, negativity existed as partners found it difficult to

reconcile the transition of their mate. However, numerous participants explained how they were in stable relationships and how these made them feel stronger and happier. Some participants explained that their current partners were also transgender as there was a sense of a common bond and understanding.

Furthermore, the subject of sex was discussed within the present study, particularly as a link has been made between sex and mental health (De Cuypere et al., 2005; Klein & Gorzalka, 2009; Michel et al., 2002). In general terms, the main cause of distress during sexual activity was the existence of incorrect genitalia which would often lead to dysphoria, depression, and therefore a desire not to display oneself to one's partner, specifically for the FTMs who discussed issues with dysphoria mostly caused by their breasts. From this sample, it appears that sex is not a major issue for transpeople, but instead it is the desire to have sex when one's body aligns with one's gender. For participants who had undergone surgery, many of them expressed greater feelings associated with sex and generally much happier sex lives, as they were now able to experience sex in their desired gender. This finding agrees with previous research (Cohen-Kettenis & van Goozen, 1997; De Cuypere et al., 2005; Hess et al., 2014; Johansson et al., 2009; Lobato et al., 2006; Murad et al., 2010; Selvaggi et al., 2007; Smith et al., 2005). Finally, the ability to orgasm following surgery was hardly discussed by participants, primarily because this question was not asked and because there were a limited number of postoperative participants. As such it is difficult from the present study to understand the impact that the ability to orgasm can have on the mental health of transpeople. This could be further researched, specifically as previous studies have found mixed feelings towards genital sensitivity following surgery (De Cuypere et al., 2005; Rehman et al., 1999; Schroder & Carroll, 1999).

Current Feelings Towards Being Transgender

Asking participants to discuss what had caused them positive feelings gave a lot of clarity as to the reasons for the general causes of happiness amid feelings of gender dysphoria. For many, the feeling that they could now be themselves was of great importance. The feeling of now being oneself reflects a point in which the transperson feels deep down that their person now aligns with who they always wished to be. Reaffirming the point that being accepted and supported by others is a crucial factor for the mental wellbeing of transpeople, it was telling that numerous participants expressed the importance of support when asked to describe positives. Clearly, having the support and understanding from others is one of, if not the most vital factor that impacts the mental health of transpeople. Of course, not all participants expressed positive feelings, and therefore it is important to consider those who felt there were no positives to being transgender. Some participants, and strikingly more FTM participants, discussed continued feelings of suicide while others simply stated that life was more difficult for them due to their gender dysphoria. As with initial feelings towards transgenderism, it could be argued that the accumulation of experiences and feelings that a transperson has collected throughout their journey will no doubt have a major impact on who they are and how they perceive their transgenderism.

Strengths and Limitations of the Present Study

The study was advertised online, and through the internet it was shared on several platforms, leading to a wide variety of transgender participants and a relatively large sample size, particularly for a qualitative study. Using the internet as a tool for data collection allowed for the collection of experiences and feelings from a small

minority group within society to take place with ease. The data collected covered a wide span of demographics and individuals, all of whom were at different stages in their lives and their transitions. A limitation of previous studies is that they use clinical sampling methods (Carroll, 1999; Marshall et al., 2015; Michel et al., 2002), and are therefore biased in that they do not represent the views of transpeople who have not presented at clinics. It is important that such opinions are heard and understood and therefore a key strength of the present study is that the opinions of such ones have been captured and can be acted upon.

Whilst the internet can be a very effective tool for carrying out research, it is also necessary to understand the limitations that are attached to internet mediated research. Access to the internet may be difficult for the much younger and much older generations, whilst also requiring users to understand how to use computers, navigate forums, and respond to online surveys, resulting in a potentially biased sample (Newfield et al., 2006). A potential confound of using the internet as a research tool is that the internet itself has been found to positively impact the mental health of transpeople (Dhejne et al., 2014; Fraser, 2009a; Jokić-Begić et al., 2014; Newfield et al., 2006), and therefore the findings of this study may be biased. A remedy for this limitation is for future studies to conduct both online and offline research.

A further issue with internet based research is that there is no way of verifying whether participants are transgender or not (Newfield et al., 2006). The primary researcher had no reason to believe that any of the data were falsified, however it is possible that participants may have understated or overstated their experiences and feelings, a common issue with self-reported studies. However due to the survey being

anonymous, it is likely that the participants felt more able to answer questions openly, honestly, and accurately. As is the case with previous studies, another issue with the present study is selection bias. It is possible that during the recruitment process, individuals saw the study and chose not to participate, perhaps as they no longer desired to discuss their transgender status having fully transitioned, or perhaps as they had no desire to discuss the difficulties surrounding their gender dysphoria. Such selection bias may have potentially led to more positively biased findings.

On several occasions, participants responded with aggressive comments towards the research questions, indicating that perhaps they were not worded correctly, or the wording showed a lack of understanding from the researcher. Despite the research questions being reviewed by two transgender individuals for their appropriateness and sensitivity, not every participant agreed with their interpretations of what is appropriate and sensitive. It may have been necessary to consider the wording of the questions with a little more sensitivity. Another limitation of the study is that the ethics application only considered responses from over 16 year olds. During the data collection phase, 5 other participants also completed the survey, however their responses had to be excluded from the final analysis as they were under the age of 16. It is necessary and relevant however to appreciate that gender dysphoria can develop in very young children, and therefore future research should consider the factors that impact the mental health of children and young teenagers with gender dysphoria. It is also important to note how 79% of the responses came from the UK and the USA, calling into question the generalisability of the data over other countries. It has already been established within previous research that different countries hold different cultural and societal views towards transgenderism (WPATH, 2012), and so

care should be taken when generalising the findings of the present study across cultures. Future studies should consider how the cultural aspects of their societies can impact the mental health of transpeople.

The age of participants is also clearly skewed as more younger transpeople, particularly FTMs, took part in the survey than older transpeople. Although the data is biased towards the experiences and feelings of younger transpeople, there could also be a positive here in that more and more younger transpeople potentially feel more comfortable in embracing and discussing their gender dysphoria than older transpeople. There is of course the possibility that more younger people actively using internet forums and groups than older people. Finally, it became apparent through the recruitment process that gender nonconforming individuals also desired to participate in the study. Whilst it could be argued that such ones are indeed transgender, the study was not supposed to focus on their experiences, as they do not identify as a specific gender. Nonetheless, their experiences and feelings were included as they were equally important and vital as clear members of the transgender community.

Conclusion

The present study sought to explore and further develop understanding around the factors that impact the mental health of transpeople. Through the development of an online qualitative survey, data was obtained from 167 transgender participants. Careful analysis of the data has suggested that there exist a possible 37 factors that impact the mental health of transpeople and that these can be categorised into 6 key dimensions. The dimensions, and the main areas that appear to impact the mental health of transpeople include; the transperson's feelings towards the initial

development of their gender dysphoria; the extent in which the transperson is accepted and understood by family, friends, and society; how successful the transperson is at aligning their appearance with their gender identity; the quality of professional services received by the transperson, including the effects of hormone treatment and surgery; the quality of personal and sexual relationships before and after transition; their current feelings towards being transgender.

Of course, these factors are not exhaustive in terms of what impacts the mental health of transpeople, however it is clear from the data and from previous research that perhaps the single most important factor that impacts the mental health of transpeople is the extent in which they receive support from family and friends. This factor has been discussed in much depth in the present study, and it has been explained that receiving unconditional support and acceptance from those around can lead to very positive feelings, specifically as the transperson knows they are not alone in their journey and that they are loved by others despite their transgenderism. In this regard, there were several recommendations made that family members, friends, professionals, and society in general need educating so that they can understand that gender dysphoria can be a very difficult issue for transpeople and being discriminated against can make these issues much worse. Such education will help them to appreciate that supporting transpeople can lead to them flourishing as individuals. It is often a transperson's goal to pass and often presenting as the desired gender, undergoing hormone treatments, and undergoing surgery can have a very positive impact on the mental health of transpeople. Of course, these processes can have downsides, ranging from ineffective passing, issues with treatments, and surgical complications. However, in many cases, these treatments are a success and have been

found to positively impact mental health. For those who struggle with these issues, recommendations for professionals include assisting transpeople to adapt their appearance to their new gender, offering psychotherapy and further support, and striving to offer professional, efficient, and high quality services within clinics to speed up treatments without compromising the safety of patients.

The present study has shed some light on the factors that impact the mental health of transpeople and therefore professionals should seek out ways of reducing negatively impacting factors on mental health whilst promoting ways of positively impacting mental health. One concluding suggestion in this regard is perhaps to develop an intervention programme which can help transpeople to consider their own situation concerning these key factors, and for those which they feel are negatively affecting them, professionals could work with transpeople to ameliorate any negative psychological effects that are directly caused by the abovementioned factors.

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Appendices

Appendix A: BOS Research Questionnaire

Page 1

Exploring the experiences and feelings of trans/gender diverse people

Thank you for your interest in my research. Before you decide whether to participate, please take some time to read the following information about the study.

What is the purpose of the study?
The literature suggests that psychological wellbeing in trans/gender diverse people is impacted by numerous factors other than gender dysphoria. The aim of this study is to clarify and explore these in more detail by asking trans/gender diverse people about their experiences and feelings surrounding these factors.

Why have you been chosen to take part?
As a member of the transgender community, you have been invited to take part in the study. Please do not take part if you are not trans/gender diverse or are under the age of 16.

What do you have to do?
You will be asked to consider several questions that will explore your experiences and feelings around trans/gender diversity. These questions will consider gender identity, society, relationships, medical procedures, hormone treatment, appearance, and physical intimacy. The study will last approximately an hour, but you can take as much or as little time as you would like. Likewise, you can give as much or as little detail as you would like. Please note: the questions are for research purposes and are not diagnostic or therapeutic.

Who is conducting the study?
My name is Tim Cartwright and I am a Psychology Master's degree student at the University of Chester in the UK.

Is participation voluntary?
Participation is entirely voluntary and if you want to withdraw from the study, you can close the page at any time. Also, if you feel uncomfortable with any questions, please feel free to skip them.

What are the benefits/risks of taking part in the study?
A benefit of taking part is that you may be reminded of your positive and encouraging experiences and feelings. You will also be contributing to important research whilst making your voice heard. A risk of taking part is that you may be reminded of your negative experiences and feelings. If you feel doing so may make you feel distress or anxiety, please do not participate. If you do participate and you experience negative feelings afterwards, please contact your GP or a support group or charity (e.g. Mind, info@mind.org.ukmailto:info@mind.org.uk, 0300 123 3393).

What about confidentiality?
All responses will remain confidential and anonymous throughout the research process. Your IP address will not be recorded. If quotes are taken from the data, care will be taken to remove any identifiable features. The data will only be available to myself and my supervisor during

the drafting stage, and will be read and marked by moderators once completed. The research may also be submitted as a research paper to academic journals for publication. Data will be securely stored and destroyed after the appropriate time limit. Please note: as data is anonymous, once responses are submitted, it will be impossible to identify and remove your data.

What if you are unhappy or if there is a problem?
If you have any questions, concerns, or issues about the study, please feel free to email me at 0719623@chester.ac.uk or my supervisor, Professor Moira Lafferty, at m.lafferty@chester.ac.uk.

Ethical Approval
Ethical approval for the study was obtained from the Department of Psychology Ethics Committee.

If you consent to participate in the study, please click the 'Next' button below.

Page 2

Thank you for taking part in my research. Please remember, you do not have to answer every question if you do not wish to and you can withdraw from the study at any time. The first few questions are about you and will help set the scene.

- What sex were you assigned at birth?
- What gender would you identify as?
- What is your age?
- What country are you from?
- What gender confirmation surgery have you undergone, if any?
- Where did you hear about this study?
- Can you describe any experiences and feelings you had when you first started considering your gender identity?

Page 3

The questions over the next three pages are the focus of my research. Remember, you can be as detailed or as brief as you would like to be and you can skip over any difficult questions. I would firstly like to ask you about your experiences and feelings of others who may be aware of your trans/gender diverse identity.

- Firstly, how do you think society views trans/gender diverse people, and what are your experiences and feelings of society's views?
- Considering your gender identity, can you tell me about your relationships with your family and friends? How do you feel about these relationships?
- Can you tell me about any experiences you have had with new friends you have made in your newly acquired gender identity? How do you feel about these new friends?
- What experiences and feelings do you have of any healthcare professionals who you see about gender identity issues?

Page 4

Thank you for discussing the social aspects of your gender identity. Now we shall move onto the medical aspects. Remember we are just chatting generally here, but in case you are worried about any medical problems, remember to speak to your doctor or similar medical practitioner.

- Can you tell me about your experiences relating to any gender confirmation surgery you may have had? How do you feel about these experiences?
- Can you share your experiences and feelings of any hormone treatment (including self-prescribed) that you have had? How do you feel about hormone treatment?

So we have discussed your past, your relationships, and the medical aspects of your gender identity. Can we now talk about yourself personally? Of course you can say as little or as much as you would like, but it would be great if you could share some of your experiences and feelings.

- What experiences of how you have adapted your appearance could you share? How do you feel about your appearance and how this represents your gender identity?
- Considering romantic relationships where your gender identity was/is important, could you share some experiences of dating and physical intimacy? How do you feel about dating and physical intimacy?

Page 5

I appreciate they may have been sensitive questions so thank you for sharing your experiences and feelings. This is the final section. There are two questions I would like to ask you about your experiences of gender identity in general.

- Are there any important experiences or feelings about your gender identity that have not been covered in this questionnaire?
- Finally, what are your most positive experiences of being a trans/gender diverse person?

Page 6

Thank you so much for your responses. To submit them, please click the 'Finish' button below.

Just to remind you, all data will be confidential and anonymous, and if you do not wish for your data to be used within my research this is your last opportunity to withdraw as there will be no way for the data to be identified once submitted.

Page 7

BOS Debrief Sheet

Thank you for taking part in my study. I appreciate the time you have spent in thinking about your responses to the questions. Your contribution to this area of research is highly valued.

The literature suggests that psychological wellbeing in trans/gender diverse people is impacted by numerous factors other than gender dysphoria. These broadly fit into four categories: social, surgical, sexual, and psychological factors. The aim of this study was to clarify and explore these in more detail by asking trans/gender diverse people about their experiences and feelings surrounding these factors.

If you have experienced any adverse effects from taking part in this study, please contact your doctor, a relevant support group, or a charity such as Mind (info@mind.org.uk, 0300 123 3393). In addition, if you have any other questions or concerns about the study please feel free to email me at 0719623@chester.ac.uk or my supervisor, Professor Moira Lafferty, at m.lafferty@chester.ac.uk.

Finally, if you enjoyed taking part in this study, or you know others who you think would like to participate, I would be very grateful if you would share the link to the study with them.

Thank you once again for your participation. Tim ☺

Appendix B: Flyer

Appendix C: Trustworthiness Test

Hi _____.

Thank you for agreeing to complete this task for my study.

The research question and title of my study is:

What factors impact the mental health of transgender people?

Just to give you some information as to what I have done so far… I have collected the qualitative data online and received 167 responses from transgender participants. I asked them about their experiences and feelings surrounding several different areas regarding their transgenderism and how these impact their mental health. After analysing the data and finding 138 meaning units, I believe there are 38 lower order themes, which fit nicely into 17 higher order themes and 6 dimensions.

To check validity and to see that others can agree with the quotes I have used to demonstrate the 37 lower order themes, I have decided to take a selection of the quotes rather than all 37, which I think would be quite daunting. I therefore looked at the 17 higher order themes, and picked out the most salient lower order themes and quotes and have put them into two tables below all jumbled up.

So the task is simple, read through the quotes below that have been taken directly from the data and then read through the themes. If you feel a theme matches a quote, then put the number of the theme in the box to the right of that quote. 17 quotes and 17 themes. **One theme per quote.**

Many thanks _____.

Themes

1	Negative initial feelings (n = 88)
2	Experienced support from relationships (n = 150)
3	Experienced rejection from society (n = 72)
4	Feelings towards coming out (n = 40)
5	Society doesn't understand transpeople (n = 122)
6	Issues within clinics (n = 32)
7	Experienced positivity from professionals (n = 87)
8	Feelings towards surgery (n = 37)
9	Positive outcomes of hormone treatment (n = 65)
10	Positive outcomes of surgery (n = 24)
11	Passing as cisgender (n = 59)
12	Negative feelings towards appearance (n = 34)
13	Visibility of sex organs (n = 31)
14	Experienced negativity with dating / relationships (n = 13)
15	Experienced negativity with sex (n = 46)
16	Feelings towards dating / relationships (n = 33)
17	Feeling negative towards transgenderism (n = 22)

Quotes

1	(6) I have a long term partner who is very lovely, but he got to know me when I was presenting as a man... It's depressing.	
2	(34) I feel dysphoric a lot so I don't take off my pants most times… it's mentally draining	
3	(127) My current endocrinologist is absolutely wonderful... He is enjoyable to be around and it helps me stay calm	
4	(58) It is extremely psychologically stressing when everyone refuses what you assert to be as a person	
5	(3) everyone is accepting me for who I am, including friends, family, some of the public	
6	(95) Being trans sucks, it's a goddamn medical condition that causes distress and often results in depression and anxiety and I want to die almost every day!	
7	(1) There is always fear with coming out... Often, it is deemed too risky to tell the truth	
8	(15) If I were very open about it, I left myself open to being pursued by men who only wished to have sex with me just because I am trans	
9	(60) I haven't had any gender confirmation surgeries... I don't know if I would really be happy if I had such a surgery.	
10	(135) I had five referrals, numerous consultations and a lot of travelling before getting an agreement in place, and even then they screwed up the financing, resulting in another wait.	
11	(32) sometimes, like yesterday, i try to present totally masculine but it often just ends in me feeling depressed because i still look like a girl.	
12	(99) I felt confused, overwhelmed. I didn't know if it was possible... I genuinely thought I was a freak and it was all in my head	
13	(91) I pass as male more often than not which has been incredibly beneficial to my mental health.	
14	(161) hormone therapy has been a miracle emotionally for me… Within hours of the first estradiol tablet I started to feel a sense of calm.	
15	(77) It was an awakening moment… it was liberating after being trapped in a door less and windowless prison cell of skin and bone.	
16	(79) They just don't know how to understand... it sure makes a lot of non-binary or trans people scared to be themselves.	
17	(89) The first time I used a binder and dressed like a dude, it was similar to having lived in a rainy world for your entire life and suddenly seeing the sun.	